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Sub	stitute for form 1449A/B	VPTO		Complete if Known		
				Application Number	09/551,519	
11	NFORMATIC	ON DIS	CLOSURE	Filing Date	April 18, 2000	
S	TATEMENT	BY AF	PPLICANT	First Named Inventor	Itai Kohavi	
				Art Unit	3629	
	(Use as many	sheets as ne	ecessary)	Examiner Name	T. A. Dixon	
Sheet	1	of	2	Attorney Docket Number	CENDAN 3.0-026	

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Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where		
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Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²	
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Examine <i>r</i> Signature		Translation Date Considered 5/9/05		

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11	IFORMATIO	N DI	SCLOSURE	Filing Date	April 18, 2000	
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				Art Unit	3629	
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Examiner		1	Date	5/9/08
Signature	1 nomen	V . 027	Considered	0/7/03

^{&#}x27;Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached. 550155_1.DOC